



PPM SAUDI ARABIA
Eng.: AHMED IBRAHIM

100316 AL MAJAL AL ARABI FOR MAINT. MADINA

SA - 21485 MADINAH

P.O.BOX 92833

SAUDI ARABIA

PAYABLE IN 90 DAYS

شركة الأمين للتجهيزات الطبية والعلمية
Al Amin Medical Instruments Co. Ltd.

Invoice No : D-90222017

Invoice Date : 2/7/2017

INVOICE فاتورة

| No. | Item Code | Description | Qty. | Unit Price SR. | Total Price SR. |
|-----|------------|--------------------------|------|----------------|-----------------|
| 10 | 8000000830 | Frastema Simplex Silver | 1 | 4,500.00 | 4,500.00 |
| 20 | 8000000980 | Photomedex AL8000 Silver | 1 | 11,000.00 | 11,000.00 |
| 30 | 8000000920 | APOGEE/ELITE Silver | 1 | 8,000.00 | 8,000.00 |

| | | | |
|------------|--|------------------|-----------|
| TOTAL | ONLY TWENTI THREE THOUSAND FIVE HUNDRED SAUDI RIYALS | Total : SR. | 23,500.00 |
| NET AMOUNT | ONLY TWENTI THREE THOUSAND FIVE HUNDRED SAUDI RIYALS | Net Amount : SR. | 23,500.00 |

Time Stamp: 02 July, 2017



Head Off. Jeddah :
P.O. Box 3871, Jeddah 21481, KSA
Tel : +966 (12) 660 1149 / 665 5766
Fax : +966 (12) 660 1146

Riyadh Branch :
P.O. Box 55177, Riyadh 11534, KSA
Tel : +966 (11) 480 0407
Fax : +966 (11) 480 3034

Al Khobar Branch :
P.O. Box 30047, Al Khobar 31952, KSA
Tel : +966 (13) 864 2911 / 864 3587
Fax : +966 (13) 899 4033

Al Madina Branch :
P.O. Box 2870, Madina, KSA
Tel : +966 (14) 815 4244 / 815 2529
Fax : +966 (14) 815 4742

Abha Branch :
Al Rajhi Center, Khaldiya, Abha, KSA
Tel : +966 (17) 228 8790
Fax : +966 (17) 228 8791

E-mail: ksa@amicogroup.com www.amicogroup.com

شركة ذات مسؤولية محدودة - س.م.ك ٢٧٨٧١٠٠٠ رأس المال ٢٠٠ مليون ريال سعودي لغت ١٩٦٨٠



MAINTENANCE

08102 / 16

Customer
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|--------------------------------------|----------------------|--|-------------|
| Hospital / Clinic : Abu Atram | Telephone : | Date : | Invoice # : |
| General Hospital | Fax : | <input checked="" type="checkbox"/> PPM | |
| Address : Abu Atram | P.O. # : | <input type="checkbox"/> Installation | |
| AL JOLF | Received thru : | <input type="checkbox"/> Warranty | |
| Contact Person : | SAP Service Call # : | <input checked="" type="checkbox"/> Contract | |
| | | <input type="checkbox"/> Paid Service | |

Model : **New Simplex 65P** Serial # : **368** Description **Examination Unit**Problem / Error : **P.P.M**Work Report : **P.P.M Done machine working good
AS per attached check list**Optical ☐ Ophtha ☒ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|------|------------------|--------|-------|
| | | | |
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Warranty Period :

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|------|-----------------|--------|--------|--------|--------|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| | | | | | |
| | | | | | |

| Travel Time | | | | | | Working Time | | | | | | Expenses | |
|--------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|----------------|-------|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | Total |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses | |

| | | | |
|----------------|---|--------------------------|-------------|
| Work Complete | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer | Date : |
| Need Follow-up | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Stamp : |
| Enclosed | Moussa | | Signature : |
| Engineer | | | |

(Hotline 9200 - Amico / 9200-26426)

Head Office Jeddah: P.O.Box 3871 Jeddah 21481, Tel. 966 (12) 660-1149 / 665-5766 Fax 966 (12) 660-1146 - Riyadh: P.O.Box 55177 Riyadh 11534, Tel. 966 (11) 480-0407
 Fax 966 (11) 480-3034 - Al-Khobar: P.O.Box 30047 Al-Khobar 31952, Tel. 966 (13) 864-2911 / 864-3587 Fax 966 (13) 899-4033 - Al Madina: P.O.Box 2870, Tel. 966 (14) 815-4244 / 815-2529
 Fax 966 (14) 815-4742 - Abha: Tel. 966 (17) 228-8790 Fax 966 (17) 228-8791 - Hail: P.O.Box 2990 Hail 81461, Tel. 966 (16) 558-6266 Fax 966 (16) 558-5080

Email: kas@amicogroup.com www.amicogroup.com

Orig. : Master file, Blue : Customer, Yellow : Workshop, Pink : Engineer, Green : Accountant

AMICO

MAINTENANCE

08107 / 16

Customer
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|----------------------------------|----------------------|--|-------------|
| Hospital / Clinic : Prince mitea | Telephone : | Date : | Invoice # : |
| Address : Sakaka | Fax : | <input checked="" type="checkbox"/> PPM | |
| | P.O. # : | <input type="checkbox"/> Installation | |
| | Received thru : | <input type="checkbox"/> Warranty | |
| | SAP Service Call # : | <input checked="" type="checkbox"/> Contract | |
| Contact Person : | | <input type="checkbox"/> Paid Service | |

| | | |
|-------------------------|------------------|--------------------------|
| Model : AL8000 | Serial # : 80502 | Description EXIMER laser |
| Problem / Error : P.P-M | | |

Work Report : P.P-M Done machine working good
AS per attached file check list

| | | | | | | |
|----------------------------------|---------------------------------|---|------------------------------|--------------------------------|--------------------------------|----------------------------------|
| Optical <input type="checkbox"/> | Ophtha <input type="checkbox"/> | Derma <input checked="" type="checkbox"/> | ENT <input type="checkbox"/> | Ortho <input type="checkbox"/> | Neuro <input type="checkbox"/> | General <input type="checkbox"/> |
|----------------------------------|---------------------------------|---|------------------------------|--------------------------------|--------------------------------|----------------------------------|

| Qty. | Part Description | Part # | Price |
|------|------------------|--------|-------|
| | | | |
| | | | |
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|-------------------|-----------------|-----------|--------|--------|--------|
| Warranty Period : | | Invoice # | | | |
| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | |
|-------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|----------|-------|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | Total |
| | | | | | | | | | | | | | |
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|----------------|---|--------------------------|--|----------------|--|
| Total Travel | | Total Work | | Total Expenses | |
| Work Complete | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer | | Date : | |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | Stamp : | |
| Enclosed | Mohd Saad | | | Signature : | |
| Engineer | | | | | |

(Hotline 9200 - Amico / 9200-26426)

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Fax 966 (11) 480-3034 - Al-Khobar: P.O.Box 30047 Al Khobar 31952, Tel. 966 (13) 864-2911 / 864-3587 Fax 966 (13) 899-4033 - Al Madina: P.O.Box 2870, Tel. 966 (14) 815-4244 / 815-2529
Fax 966 (14) 815-4742 - Abha: Tel. 966 (17) 228-8790 Fax 966 (17) 228-8791 - Hail: P.O.Box 2990 Hail 81461, Tel. 966 (16) 558-6266 Fax 966 (16) 558-5080

Email: kas@amicogroup.com www.amicogroup.com

Orig. : Master file, Blue : Customer, Yellow : Workshop, Pink : Engineer, Green : Accountant

08109 / 16

**Customer
SERVICE REPORT**

شركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|--|---------------------|--|-------------|
| Hospital / Clinic : Damt Al Janah | Telephone : | Date : | Invoice # : |
| General Hospital | Fax : | <input checked="" type="checkbox"/> PPM | |
| Address : | P.O. # : | <input type="checkbox"/> Installation | |
| | Received thru: | <input type="checkbox"/> Warranty | |
| | SAP Service Call #: | <input checked="" type="checkbox"/> Contract | |
| Contact Person : | | <input type="checkbox"/> Paid Service | |

| | | |
|--------------------------------|----------------------------|---------------------------------|
| Model : Apogee | Serial # : APMD2162 | Description Hair Removal |
| Problem / Error : P.P.M | | |

Work Report : **P.P.M Done Machine working good as per attached check list**

Optical ☐ Ophtha ☐ Derma ☒ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|------|------------------|--------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period : Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|------|-----------------|--------|--------|--------|--------|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| | | | | | |

| Travel Time | | | | | | Working Time | | | | | | Expenses | |
|--------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|----------------|-------|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | Total |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses | |

| | | | |
|----------------|---|--------------------------|-------------|
| Work Complete | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer | Date : |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Stamp : |
| Enclosed | Mohamed | | Signature : |
| Engineer | Mohamed | | |

(Hotline 9200 - Amico / 9200-26426)

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Fax 966 (11) 480-3034 - Al-Khobar: P.O.Box 30047 Al Khobar 31952, Tel. 966 (13) 864-2911 / 864-3587 Fax 966 (13) 899-4033 - Al Madina: P.O.Box 2870, Tel. 966 (14) 815-4244 / 815-2529
Fax 966 (14) 815-4742 - Abha: Tel. 966 (17) 228-8790 Fax 966 (17) 228-8791 - Hail: P.O.Box 2990 Hail 81461, Tel. 966 (16) 558-6266 Fax 966 (16) 558-5080

Email: kas@amicogroup.com www.amicogroup.com

* Orig. : Master file, Blue : Customer, Yellow : Workshop, Pink : Engineer, Green : Accountant

AMICO

MAINTENANCE

08112 / 16

Customer
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|---|----------------------|--|-------------|
| Hospital / Clinic : Damt Al Fajdal | Telephone : | Date : | Invoice # : |
| General Hospital | Fax : | <input checked="" type="checkbox"/> PPM | |
| Address : Damt Al Fajdal | P.O. # : | <input type="checkbox"/> Installation | |
| | Received thru : | <input type="checkbox"/> Warranty | |
| | SAP Service Call # : | <input checked="" type="checkbox"/> Contract | |
| Contact Person : | | <input type="checkbox"/> Paid Service | |

| | | |
|--------------------------------|--------------------------|-----------------------------|
| Model : ARR-510A | Serial # : 332329 | Description Auto Ref |
| Problem / Error : P-P-M | | |

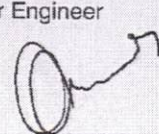
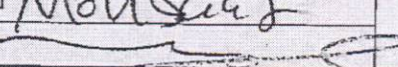
Work Report : **P-P-M Done Machine working good as per attached check list**

Optical ☐ Ophtha ☒ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|------|-------------------------|--------|-------|
| | <i>Original Receipt</i> | | |

| Warranty Period : | | Invoice # | | | |
|-------------------|-----------------|-----------|--------|--------|--------|
| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | |
|----------------|------|----|-------|--------------|-------|--------------|------|------------------|-------|------|-------|----------|-------|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | Total |
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| | | | | | | | | | | | | | |
| Total Travel : | | | | Total Work : | | | | Total Expenses : | | | | | |

| | | | |
|----------------|---|---|-------------|
| Work Complete | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer  | Date : |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Stamp : |
| Enclosed | Mohammed | | Signature : |
| Engineer |  | | |

(Hotline 9200 - Amico / 9200-26426)

Head Office Jeddah: P.O.Box 3871 Jeddah 21481, Tel. 966 (12) 660-1149 / 665-5766 Fax 966 (12) 660-1146 - Riyadh: P.O.Box 55177 Riyadh 11534, Tel. 966 (11) 480-0407
 Fax 966 (11) 480-3034 - Al-Khobar: P.O.Box 30047 Al Khobar 31952, Tel. 966 (13) 864-2911 / 864-3587 Fax 966 (13) 899-4033 - Al Madina: P.O.Box 2870, Tel. 966 (14) 815-4244 / 815-2529
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Email: kas@amicogroup.com www.amicogroup.com

Orig. : Master file, Blue : Customer, Yellow : Workshop, Pink : Engineer, Green : Accountant

AMICO

MAINTENANCE

08113 / 16

Customer
SERVICE REPORTشركة الامين لصيانة الاجهزة والمعدات الطبية
Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|---------------------------------------|---------------------|--|------------|
| Hospital / Clinic: Tabatal-G-H | Telephone: | Date: | Invoice #: |
| Address: Tabatal | Fax: | <input checked="" type="checkbox"/> PPM | |
| | P.O. #: | <input type="checkbox"/> Installation | |
| | Received thru: | <input type="checkbox"/> Warranty | |
| | SAP Service Call #: | <input checked="" type="checkbox"/> Contract | |
| Contact Person: | | <input type="checkbox"/> Paid Service | |

Model: **New Omega** Serial #: **525** Description: **Examination Unit**

Problem / Error: **P.P.M**

Work Report: **P.P.M Done Machine working good as per attached check list.**

Optical ☐ Ophtha ☒ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|------|------------------|--------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Warranty Period: Invoice #

| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|------|-----------------|--------|--------|--------|--------|
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| | | | | | |
| | | | | | |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | |
|-------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|----------|-------|--|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | Total | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Total Travel: Total Work: Total Expenses:

| | | | |
|----------------|---|-------------------------|------------|
| Work Complete | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note: Customer Engineer | Date: |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Alhayer | Stamp: |
| Enclosed | Moussa | | Signature: |
| Engineer | | | |

(Hotline 9200 - Amico / 9200-26426)

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Fax 966 (11) 480-3034 - Al-Khobar: P.O.Box 30047 Al Khobar 31952, Tel. 966 (13) 864-2911 / 864-3587 Fax 966 (13) 899-4033 - Al Madina: P.O.Box 2870, Tel. 966 (14) 815-4244 / 815-2529
Fax 966 (14) 815-4742 - Abha: Tel. 966 (17) 228-8790 Fax 966 (17) 228-8791 - Hail: P.O.Box 2990 Hail 81461, Tel. 966 (16) 558-6266 Fax 966 (16) 558-5080

Email: kas@amicogroup.com www.amicogroup.com

Orig.: Master file, Blue: Customer, Yellow: Workshop, Pink: Engineer, Green: Accountant



MAINTENANCE

08114 / 16

Customer

SERVICE REPORT

شركة الامين لصناعة الاجهزة والمعدات الطبية

Al Amin Maintenance & Contracting Co. Ltd.

| | | | |
|---------------------------------------|---------------------|--|-------------|
| Hospital / Clinic: <u>Tabrtal G.H</u> | Telephone : | Date : | Invoice # : |
| | Fax : | <input checked="" type="checkbox"/> PPM | |
| Address: <u>Tabrtal</u> | P.O. # : | <input type="checkbox"/> Installation | |
| | Received thru: | <input type="checkbox"/> Warranty | |
| | SAP Service Call #: | <input checked="" type="checkbox"/> Contract | |
| Contact Person : | | <input type="checkbox"/> Paid Service | |

| | | |
|-------------------------|-------------------|-----------------------|
| Model : AR-310A | Serial # : 133496 | Description A/Kto Ref |
| Problem / Error : P.P.M | | |

Work Report : P-P-M Done Machine working good
as per attached check list

Optical ☐ Ophtha ☒ Derma ☐ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|------|------------------|--------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|-------------------|-----------|
| Warranty Period : | Invoice # |
|-------------------|-----------|

| | | | | | |
|------|-------------------------------|--------|--------|--------|--------|
| | Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
| | / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | | / / 20 | / / 20 | / / 20 | / / 20 |
| | Received the original report. | | | | |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | | | |
|--------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|----------------|--|-------|--|--|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | | Total | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses | | | | |

| | | | |
|----------------|---|--|--------------------------------|
| Work Complete | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer <i>Shayy</i> | Date : |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Stamp : <i>Wilson Pacheco</i> |
| Enclosed | <i>Moussa</i> | | Signature : <i>[Signature]</i> |
| Engineer | <i>[Signature]</i> | | |

(Hotline 9200 - Amico / 9200-26426)

Head Office Jeddah: P.O.Box 3871 Jeddah 21481, Tel. 966 (12) 660-1149 / 665-5768 Fax 966 (12) 660-1146 - **Riyadh**: P.O.Box 55177 Riyadh 11534, Tel. 966 (11) 480-0407 Fax 966 (11) 480-3034 - **Al Khobar**: P.O.Box 30047 Al Khobar 31952, Tel. 966 (13) 864-2911 / 864-3587 Fax 966 (13) 899-4033 - **Al Madina**: P.O.Box 2870, Tel. 966 (14) 815-4244 / 815-2529 Fax 966 (14) 815-4742 - **Abha**: Tel. 966 (17) 228-8790 Fax 966 (17) 228-8791 - **Hail**: P.O.Box 2990 Hail 81461, Tel. 966 (16) 558-6266 Fax 966 (16) 558-5080

Email: kas@amicogroup.com www.amicogroup.com

Orig. : Master file, Blue : Customer, Yellow : Workshop, Pink : Engineer, Green : Accountant

AMICO

SAUDI ARABIA

شركة الأمين للتجهيزات الطبية والعلمية
Al Amin Medical Instruments Co. Ltd.

Customer SO NO. : 25075791

100316

BILLED TO :

AL MAJAL AL ARABI FOR MAINT. MADIN
MADINAH 21485

Page 1 of 2

.MAINT. SLS

SHIPPED TO :

AL MAJAL AL ARABI FOR MAINT. MADIN
MADINAH 21485

1021

Billing Acct. No :

Payment Terms : Payable within 90

PO NO :

JER-3-226

Invoice Date : 08.05.2017

Days C004

Invoice No : 90100589

Contact Person :

INVOICE

| Reference رقم البيل | SKU ID رقم الصنف | Item Description وصف الصنف | Qty الكمية | UOM وحدة القياس | Unit Price السعر الفردي SAR | Total Price السعر الاجمالي SAR |
|------------------------|-------------------------------------|-------------------------------|---------------|-----------------------|-----------------------------------|--------------------------------------|
| 10000160 20 | CYNO 100-1685-150 HANDPIECE 15MM | 1 | each | 7,540.00 | 7,540.00 | |
| 10000211 03 | CYNO 100-1672-120 HANDPIECE 12MM | 1 | each | 11,100.00 | 11,100.00 | |

EIGHTEEN THOUSAND SIX HUNDRED FORTY SAUDI Total quantity : 2
RIYAL ONLYTotal : SAR 18,640.00
Net Amount : SAR 18,640.00

User : MAMAHULLAH

Time Stamp : 08.05.2017 13:38

General Manager

Head Office: Jeddah :

Box 3871 Jeddah 21481 - KSA

+966-12-660 1149 / 665 5766

+966-12-660 1146

BOM WIDE 920028289

Riyadh Branch :

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Biomedical Sector
Eljout Project
Eng : Mahmoud Jamal

| | | | |
|--|---------------------|--|-----------------|
| Hospital / Clinic: Damt Aljanki | Telephone : | Date: 29/5/2017 | Invoice #: |
| General Hospital | Fax : | <input type="checkbox"/> PPM | 90100689 |
| Address : | P.O. # : | <input checked="" type="checkbox"/> Installation | |
| Damt Aljanki | Received thru: | <input type="checkbox"/> Warranty | |
| Contact Person : | SAP Service Call #: | <input type="checkbox"/> Contract | |
| | | <input type="checkbox"/> Paid Service | |

| | | |
|--|---------------------------|----------------------------------|
| Model: AP09ee | Serial #: APMD2162 | Description: Hair Removal |
| Problem / Error: Hand Piece 12MM & 15MM Not Working | | |

Work Report: **Installed New 2 Hand Piece 12MM & 15MM checked with the machine working good!**

Optical ☐ Ophtha ☐ Derma ☒ ENT ☐ Ortho ☐ Neuro ☐ General ☐

| Qty. | Part Description | Part # | Price |
|------|------------------|--------|-------|
| 01 | Hand Piece 12 MM | | |
| 01 | Hand Piece 15 MM | | |

Warranty Period : **Original** Invoice #

| Acceptance Date | 1st PM | 2nd PM | 3rd PM | 4th PM |
|-----------------|--------|--------|--------|--------|
| / / 20 | / / 20 | / / 20 | / / 20 | / / 20 |
| Date | / / 20 | / / 20 | / / 20 | / / 20 |

| Travel Time | | | | | | Working Time | | | | | | Expenses | | |
|--------------|------|----|-------|------|-------|--------------|------|----|-------|------|-------|----------------|-------|--|
| Date | From | To | Total | Unit | Total | Date | From | To | Total | Unit | Total | Date | Total | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total Travel | | | | | | Total Work | | | | | | Total Expenses | | |

| | | | |
|----------------|---|--------------------------|-------------|
| Work Complete | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Note : Customer Engineer | Date : |
| Need Follow-up | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Stamp : |
| Enclosed | Mohammed | | Signature : |
| Engineer | [Signature] | | |

(Hotline 9200 - Amico / 9200-26426)

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Orig. : Master file, Blue : Customer, Yellow : Workshop, Pink : Engineer, Green : Accountant